

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SPRJAL NO.

10/586260

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		0		1		
8		0		1		
9		0		1		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		5		1		
16		0		1		
17		0		1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	24	←	17	←		←
TOTAL CLAIMS	26		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						